

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/523235

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		3				
5		2				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14	1					
15		1				
16		2				
17		2				
18		2				
19		2				
20		0				
21		0				
22		0				
23		0				
24		0				
25		0				
26		0				
27		0				
28		0				
29	1					
30						
31		1				
32		2				
33		0				
34		0				
35		0				
36		0				
37		0				
38		0				
39		0				
40		0				
41		0				
42		0				
43		0				
44		0				
45		0				
46		0				
47		0				
48		0				
49		0				
50		0				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52		0				
53		0				
54		0				
55		0				
56		0				
57		0				
58	1					
59		1				
60		2				
61		0				
62		0				
63		0				
64		0				
65		0				
66		0				
67		0				
68	1					
69	1					
70						
71		1				
72		2				
73		0				
74		0				
75		0				
76		0				
77	1					
78		1				
79		2				
80	1					
81		0				
82	1					
83		0				
84		0				
85	1					
86	1					
87		1				
88		2				
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	15	↓		↓		↓
TOTAL DEP.	86	←		←		←
TOTAL CLAIMS	101					